2002 MAY -7 PH 5: 39

U.S. RUUSE OF REPRESENTATIVES

Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Form LD-1 (Rev. 06/98)

Office of Public Records 232 Hart Building Washington, DC 20510

OCT 3 1 2001

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## LOBBYING REGISTRATION Lobbying Disclosure Act of 1995 (Section 4)

Lobbying Disclosure Act of 1995 (Section 4)	$\checkmark$				
Check if this is an Amended Registration	1. Effective Date of Registration 10   25   01				
2. House Identification Number 30482072	Senate Identification Number				
REGISTRANT  3. Registrant name Lill AND Knowl	Las Inc				
	e Die NW ste voi				
City Wushington	State OC Zip 26037				
<ol> <li>Principal place of business (if different from line 3)</li> <li>City</li> </ol>	State/Zip (or Country)				
5. Telephone number and contact name (2の) 944・5142 Contact	Muyue Being E-mail (optional) Mbeery @ hill				
6. General description of registrant's business or activities Public Nelchin-					
Inbeled "Self" and proceed to line 10. Self  7. Client name fine members Andres Andres	on for each cliens. Organizations employing in-house lobbylsts should check the box				
City Washershop	State C Zip 20058				
8. Principal place of business (if different from line 7) City	State/Zip (or Country)				
9. General description of client's business or activities Support V.S. Goul. +	o prevent descriminations agranist Arab-Americant				
LOBBYISTS	Ans-Domenica at				
	act as a lobbyist for the client identified on line 7. If any person listed in official" or "covered legislative branch official" within two years of first ad/or legislative position(s) in which the person served.				
Name	Covered Official Position (if applicable)				
Gury Kymel					
trank murieusica					
Marla Vinest					

OBBYING ISSUF . General lobbying issue a		olicable codes lis	ted in instructions and or	the reverse	side of Form LD-	l, page 1.
OR						
. Specific lobbying issues	(current and antici	pated)				
Suga	ont US.	Goot, h	o prevent d	liscu	neah	Css
			rends o.	2		
FILIATED ORG Is there an entity other a semiannual period an	than the client th	at contributes n				
3 \		Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.				
Name		Address		Principal Place of Business (city and state or country)		
OREIGN ENTITI				· · · · · · · · · · · · · · · · · · ·		
. Is there any foreign en	tity that:					
b) directly or in activities of	directly, in whole the client or any e of the client or a	e or in major pa organization ide	client or any organiza rt, plans, supervises, c entified on line 13; <b>or</b> a identified on line 13 a	ontrols, dire	ects, finances or	subsidizes
No ⇒ Sign and date the registration.		Yes   Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.				
Name	Addı	ess	Principal place of business (city and state or cour	co	Amount of ontribution for bying activities	Ownership percentage in client
signature	mp	Li-	)	Date_\C	Counsela	
rinted Name and Title	Frank	Martie	/ 50	NON	Coursela	נ ח